		1.	Iminute 11	Or Cake		1001011
	•	HASIC FEE	NUMBER FILED	ble Copy 21	SMALL ENTITY	OR OTHER THAT
	٠.	LOTAL CLASS		NUMBER EXTRA	· RATE FEE	SMALL ENTITI
	INDEPENDENT CLAIMS  (37 CFR 1.16(c))  MULTIPLE DEPENDENT CLAIM DOSCO				5	RATE FE
					1 x.25.	OR S_
					x s 100=	OR x s 50.
	If the difference in column 1 is less than zero, enter "0" in column 2				+5.180	OR x 5 200
						OB + 360
	CLAIMS AS AMENDED - PART II				TOTAL	OR TOTAL
	(Column 1)					
		TE ST REMA	MING HIGHE	sr	SMALL ENTITY	OR OTHER THAN
	. 1	WIL AUGUS	TER . NUMB PREVIOU	ISLY CYTO	RATE ADDI-	SMALL ENTIT
٠.	1	C (JI CFR 1,14(c)) . AC	1 29	DR =	TIONAL .	RATE ADD
	-	E MICER LIGARI	Minus ··· 11	<del></del>	x,25.	DA X 5 50 . 50
	H	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(4))			x 5 100	000
•	(37 GH (1.16(d))			37 GFR 1.16(d))	+3 (80)=	OR x 5 200 200
6		(Column			ADD'L FEE	TOTAL
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こし	AMENOMENT	Total AMENDME	ENT PREVIOUSL	Y EXTON	RATE ADDI.	
Ġ	l ž	promised 5	. Minus 30	T	TIONAL	RATE ADDI-
`	₹	FIRST PROCESSION	. Minus		x s 25 . OR	FEE ·
į	THE DEPENDENT CLAIM (27 CCC)				s 100.	x s 200
					OTAL	+360
	v	(Column 1)	(Column 2)	(Column 3)	DO L FEE OR	AOD LEEE
ŀ	K	REMAINING AFTER	HIGHEST	PRESENT		
I	OM	Total AMENOMEN	PREVIOUSLY PAID FOR	EXTRA	RATE ADDI.	RATE ADD
I	AMENDMENT	Endépendent (37 CPR E, réfett	Minus	- X	25 FEE	TIONAL
L	₹				100. OR	x 50.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))				180. OR	x 5 2000

0/620,597

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

This collection information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public whildt is to file (and by the industry gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the amount of time you require to complete this form and/or suggestions for reburing this burden, should be sent to the Chief Information of time you require to complete this form and/or suggestions for reburing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313.1450, OO NOT SEND FEES OR COMPLETED FORMS TO IMIS